

503 N. Lincoln Ave. Loveland, CO 80537 Phone: 970-962-2410 Fax: 970-962-2910





Lone Tree School, a historic one-room school located at North Lake Park in Loveland, is the setting for 3 one-week summer sessions. Any child who will enter second through ninth grade in the fall of 2014 is eligible to participate in the educational program which simulates the typical school day and activities of the late 19th century. The history and folkways of the high plains of Northern Colorado will be integrated into a lively school curriculum that features the "three Rs". In addition, children will participate in old-time games and crafts. Children should dress in appropriate and comfortable play clothes. There will be an ice cream social on Fridays, the last day of each session. Transportation is the responsibility of the enrollee. Please do not drop off children earlier than 15 minutes before the start of each session. Also, please be sure to pick-up your child no later than 15 minutes after each day ends.

Advance registration is required. A completed registration form and payment are required to register. No phone or fax reservations will be taken. Each child may sign up for one session only. Registration fee is refundable if cancellation is made at least one week prior to the start of the session. Each session will be limited to 25 children.

Fee: \$75 for non-Museum members; \$60 for Museum members

w	eekly school sessions are as fol	llows:
Session 1:	June 15-19	9:00 – 11:30 a.m.
Session 2:	July 6-10	9:00 – 11:30 a.m.
Session 3:	July 20-24	9:00 – 11:30 a.m.

If your preferred session is full, we will automatically enroll your child in your 2nd choice session, space permitting. If space is not available in the 2nd choice, we will place your child on the waiting list for your 1st choice session. Each child may be placed on only one waiting list.

	LONE TREE SCHOOL 2015 REGISTRATIO	N FORM		
Pupil's Name:		Age:	Grade completed:	
Parent's Name:	Dayti	ime Phone:		
Address:		City, State, Zip:		
1 st Choice Session: Dates:	2 nd Choice:		Dates:	
In an emergency situation do we have perm	ission to administer first aid?			
Person to notify if we are unable to contact	parents:			
Name:		Phone:		
Name of family physician:		Phone:		
I will be paying by: Cash	Check (payable to Lovelar	-	Credit Card	
I voluntarily agree to have my child participa To the extent permitted by law, I hereby rele Loveland Museum/Gallery, and any and eac charges, obligations, expenses, attorney's fe to negligent acts or omissions of said parties ty damage, arising from or out of my own or Pupil's Name:	ease and forever discharge, on behalf of n ch of their officers, employees, volunteers, ees, litigation, judgments, damages, claims s, participants, or otherwise, including wit r my child's/ward's participation in this ev	nyself/my child , and agents fro s and demands hout limitation ent.	m any and all liability, loss, costs, of any kind whatsoever, whether due	
Parent Name:				
Parent Signature:			Date:	